

## CLAIMS ONLY

Application Number

09/890143

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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47						
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49						
50						
Total Indep					2	
Total Depend					2	
Total Claims					4	